


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90023 037 ***150.00

DOCUMENT # P97000031181	
1. Entity Name SHAMISCK, INC.	

Principal Place of Business 717 PONCE DE LEON BLVD. SUITE 234 CORAL GABLES, FL 33134	Mailing Address 717 PONCE DE LEON BLVD. SUITE 234 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box # 2310 Country Club Prado Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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City & State Coral Gables, FL	City & State
Zip 33134	Country

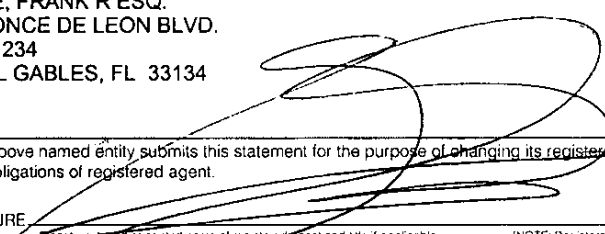
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03042007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0819868	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FABRE, FRANK R ESQ. 717 PONCE DE LEON BLVD. SUITE 234 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name FABRE, FRANK R. S., ESQ. Street Address (P.O. Box Number is Not Acceptable) 2310 Country Club Prado City Coral Gables FL Zip Code 33134
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	SIGNATURE  DATE 3/12/07
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROBLES, IVAN <input checked="" type="checkbox"/> Delete CALLE 50 EDIFICIO BANCOMER 19TH FLOOR PANAMA, REPUBLIC OF PANAMA,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROBLES, IVAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Calle 50 Edificio Plaza 2000 19th Floor Panama, Republic of Panama
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FABRE, FRANK R.S. <input checked="" type="checkbox"/> Delete 717 PONCE DE LEON BLVD., #234 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FABRE, FRANK R. S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2310 Country Club Prado Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE: 	Frank R. S. Fabre Secretary	3/12/07 305-264-1021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #